U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U -

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filling.  Name BAUMAN CLEONARD  P.O. Box, Bidg., Room No., if any P.O. Box 654  Street 121/ Division  City North Little Rock  State BRKANSAS ZIP Code +4 221/5  5. Position in labor organization.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions sot forth in the instructions).  A. Held an interest in, engaged in transactions (including larab) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name C. MARSHALL FRIEdman N  Trade Name, if any: PROPESSIONAL CORPORATION  P.O. Box, Bidg., Room No., if any ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. LOUIS P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. Louis P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. Louis P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. Louis P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  City ST. Louis P.  State MI SSOURI ZIP Code +4 ZIO MARKET ST.  The market state mumber. And the following interests and the first promise in the instructions.)		////04 Through: 12/31/04			
Labor Organization File Number  P.O. Box, Bidg., Room No., if any P.O. Box 654  Street 1211 D1 V1510N  City NORTH LITTLE ROCK  State PRKANSAS ZIP Code + 4 72115  State PRKANSAS ZIP Code + 4 72115  5. Position in labor organization.  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the acclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived incorre or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name C. MARShALL FRIE SMAN  Trade Name, if any: PROPESSIONAL CORPORATION  Street 1315 FLOOR; 1010 MARKET ST.  City ST. Louis P.  State M15SOUR! ZIP Code + 4 23101  Signature and verification. The undersigned declares, under penalty of Perjury and other Applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bldg., Room No., if any P.O. Box 654  Street 1211 D1 V1510N  City NORTH L1TTLE ROCK State ARKANSAS ZIP Code +4 722115  5. Position in labor organization.  General Chairman  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name C. MARShALL FRIE GMAN  Trade Name, if any: PROPESSIONAL CORPORATION  Street 1375 FLOOR; 1010 MARKET ST.  City ST. Louis A.  Signature and verification. The undersigned declares, under penalty of Perjury and other Applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name BAUMAN C LEONARD	Name MOPAC JTN. PROT. BD. 320			
Street  2/  Division		Labor Organization File Number			
City WORTH LITTLE ROCK  State PRKANSAS ZIP Code +4 22/15  State PRKANSAS Z	P.O. Box, Bldg., Room No., if any P.O. BOX 654	P.O. Box, Building and Room Number, if any P.O. Box 654			
State PRKANSAS ZIP Code +4 72/15 State PRKANSAS ZIP Code +4 72/15  5. Position in labor organization.  General Chairman  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived incorre or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name C. MARShall Faledman  Trade Name, if any: PROPESSIONAL CORPORATION  P.O. Box, Bldg., Room No., if any /3Th FLOOR  Street /3TB FLOOR; 1010 MARKET ST.  City ST. Louis A  Street /3TB FLOOR; 1010 MARKET ST.  Signature  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Street 1211 Division	Street 1211 DIVISION			
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monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name C. MARShALL FRIE GMAN  Trade Name, if any: PROFESSIONAL CORPORATION  P.O. Box, Bldg., Room No., if any  Street 13 th FLOOR; 1010 MARKET ST.  City ST. Louis M  Signature  Signature Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
Name C. MARShALL FRIE dman  Trade Name, if any: PROPESSIONAL CORPORATION  P.O. Box, Bldg., Room No., if any /3Th FLOOR  Street /3Th FLOOR; 1010 MARKET ST.  City ST. Louis A  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
Trade Name, if any: PROPESSIONAL CORPORATION  P.O. Box, Bldg., Room No., if any /3Th FLOOR  Title Marker Street /3Th FLOOR  Title Marker Str.  City Str. Louis #  Signature Advisor Frequency of Perjury and other Applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name and address of Employer (including trade name, if any).	· · · · · · · · · · · · · · · · · · ·			
P.O. Box, Bldg., Room No., if any /3th FLOOR  7.b. Amount.  Street /3th FLOOR; 1010 MARKET ST.  City ST. Louis #  Signature Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name C. MARSHALL FRIE &MAN	JULY-2004-BITTHERY 9, AT = 205.00 OCT. 2004-EXPOSITION TICKETS = 355.00 NOV. 2004-HOLIDAY GIFT-73.00			
Street /3th PLOOR: 1010 MARKET ST.  City ST. Louis # 801.00  State MI SSOURI ZIP Code + 4 63/6/1  Signature A Companying documents), has been examined by the signatory and is, to the best of the	Trade Name, if any: PROPESSIONAL CORPORATION	Dec. 2004-Holiday GIFT: -88.00			
Street 13th PLOOR; 1010 MARKET ST.  City ST. Louis # 801.00  State MISSOURI ZIP Code + 4 63/6/  Signature A Company and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	P.O. Box, Bldg., Room No., if any 13th FLOOR	7 h Amount			
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Signature  Signature A Company and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	City ST. Louis, P	#801.00			
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	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
Signed C Saumen On 7-21-05 (501)372-1667	Signed So Ka	on 7-21-05 (501) 222 - 11 12			
Date Telephone Number	orgined ( ) Cymerman				

Name of Person Filing BAUMAN, LEONARD C.		File Number <b>U-</b>		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation NONE		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali	NONE		
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  WOME			
C. Received from any employer (other than an employer covered unde	12.b. Amount.	Nove		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	or other thing of value.  14.a. Nature of payment.	NONE		
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